



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR IN	NFORMATION		
Name John L. Patric	Member of:	☐ Senate		
Mailing address 206 Strafford A	1 e		District	92
City, zip code Rumford, ME	Phone 364-	Phone 364-7666		
PART 1. INCOM	E DERIVED FROM	M EMPLOYMENT	BY ANOTHER	
List the name and address of each emplo principal type of economic activity of each e	yer from whom yo mployer.	u received comp	pensation of \$1,000 or i	nore. Specify th
Name of Employer		Address	Principal Activit	ype of Economic y of Employer
New Pose Corp	35 Haitford Rumford, M	St. E 04276	The state of the s	1 an Factores
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	were the second			ikaning mengengan pengengan pengengan pengengan pengengan pengengan pengengan pengengan pengengan pengengan pe
	COME DERIVED F r Legislators who a siness, if any, and ership, firm, profes	re self-employed	eas of economic activity	y from which yo tity, list the majo
Name and Address of Business Entity			c Activity (partnership,	eas of Economic Activity association or similar ness entity)
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PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)	
B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity the entity or person from whom the income was derived.	of
Principal Type of Economic Name and Address of Source Activity of Entity or Person Wh is the Source of the Income	iO
Name:	
Address:	CONTRACTOR
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.	
Name and Address of Firm Major Areas of Practice Major Areas of Practice (firm)	e يند
Name:	
Address:	
Name:	and the same
Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.	
□ None Name and Address of Source Kind of Income (investments, leases, etc.)	
Name:	٠.
Address:	
Name:	
Address:	
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	or
□ None	
Name and Address of Creditor Principal Type of Economic Activity of Creditor	
Name:	
Address:	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. none, check the box	lf
□ None	
Name of Source of Gift Name of Source of Gift 1.	m = 10
2 4.	-57-7-2

PART 7. REPORTABLE	HONO	RARI	A CALLAN
List the source of any honoraria accepted for appearances or speeches rela		- = =	1
None	A color of the second	- Table Park and American	
Name of Source of Honoraria	September 1995	i verigio j	Name of Source of Honoraria
1. 3.			
2. 4.	4ELSCIAVI Asserta	Secretary and the secretary an	manum e e 1970, l'annum de l'union de le representation de des des menero (1970), l'annum menero que 1970, l'annum de l'union de l'u
PART 8. REPRESENTATION BEFO	RE S	 ΓΑΤΕ /	AGENCIES
List each executive branch agency before which you represented or assis the box.	ted oth	ers for	compensation of any amount. If none, check
None	with the view of the law appearance		
Name of Agency			Name of Agency
1. 3.			
2. 4.		**************************************	Will be the second of the seco
PART 9. BUSINESS WITH ST	ATE /	\GEN(CIES
List each executive branch agency to which you or a member of your imme \$1,000 during the reporting period. If none, check the box.		* 15 T	
None		The second secon	:
Name of Agency		i i ii	Name of Agency
1,		·	
2. 4.	2.0		
PART 10. INCOME RECEIVED BY MEMBI	ERS O	F IMM	EDIATE FAMILY
List the type of economic activity representing each source of income of \$ (ren) during the reporting period and the kind of income represented. Do no "D" for income received by dependents.	1.000 c	or more	received by your shouse or dependent child
Type of Economic Activity Representing Source of Income Received	Circle appropriate letter		Kind of Income
1.	S	D	and the second s
2.	s	D	
3.	S	D	
4.	s	D	
SIGNATURE			
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)	a fine	of \$10	O per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the Cor villfully filed a false statement, it shall refer its findings of fact to the Attorr	ກmissi າey Ge	on con neral.	cludes that it appears that a Legislator has
f the Commission determines that a Legislator has willfully failed to file a he Legislator shall be presumed to have a conflict of interest on everyuestion in committee or in either branch of the Legislature, and shall 1 M.R.S.A. § 1019)	require	ed state	and shall be precluded from voting on any l
Som L. Catrics	1	/2	108
Signature		/- -	Date

NAME:	A Committee of the Comm				D	ATE:			
ADDRESS:									
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